

Fast Facts

The President's Malaria Initiative (PMI)

"The toll of malaria is even more tragic because the disease itself is highly treatable and preventable. Yet this is also our opportunity, because we know that large-scale action can defeat this disease in whole regions. And the world must take that action."

*- President George W. Bush
June 30, 2005*

Key Facts

- **30 seconds:** Every 30 seconds an African child dies of malaria.
- **1.2 million:** The number of people who die from malaria each year, most of whom are children in Africa.
- **\$1.265 billion:** The additional funding President Bush announced in June 2005 that the U.S. Government will invest over five years to fight malaria in 15 sub-Saharan African countries.
- **2 million:** The estimated number of people PMI has reached with services, supplies, and lifesaving medicines in less than a year since its launch with reprogrammed fiscal year 2005 and early fiscal year 2006 funding.
- **4 million:** The estimated number of additional people expected to benefit from PMI-supported activities launched by the end of September 2006.

U.S. Government Leadership

- PMI is a collaborative U.S. Government effort led by the U.S. Agency for International Development, in conjunction with the Department of Health and Human Services (Centers for Disease Control and Prevention), the Department of State, the White House, and others.
- PMI assists national malaria control programs to achieve the President's goal of cutting malaria-related deaths by 50 percent in target countries. This goal will be achieved by reaching 85 percent of the most vulnerable groups – children under five years of age and pregnant women – with proven and effective prevention and treatment tools.
- PMI funding in fiscal year 2006 is \$30 million, and it is expected to increase to \$135 million in fiscal year 2007, \$300 million in each of fiscal years 2008 and 2009, and \$500 million in fiscal year 2010.
- In the target countries, PMI coordinates with national and international partners, including the Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Bank Malaria Booster Program; Roll Back Malaria; nongovernmental organizations (NGOs), including faith-based and community groups; and the private sector.

Program Areas

PMI uses a comprehensive approach to prevent and treat malaria. The Initiative supports four key tools:

- **Spraying with insecticides ("indoor residual spraying," or IRS) in communities:** IRS is the organized, timely spraying of an insecticide on the inside walls of houses or dwellings. It is designed to interrupt malaria transmission by killing adult female mosquitoes when they enter houses and rest on the walls after feeding, but before they can transmit the infection to another person. IRS has been used for decades and

has helped eliminate malaria from many areas of the world, particularly where the mosquitoes are indoor-resting and where malaria is seasonally transmitted. PMI activities include training spray teams, procuring insecticide and equipment, and developing and evaluating spraying activities.

- **Insecticide-treated bednets (ITNs):** Bednets treated with insecticide have been proved highly effective in killing mosquitoes. In addition, the netting acts as a protective barrier. The primary target groups for ITNs are pregnant women and children under age five. Consistently sleeping under an ITN has been shown to decrease severe malaria by 45 percent, reduce premature births by 42 percent, and cut all-cause child mortality by 17 to 63 percent.¹ PMI is expanding access to free and highly subsidized nets while also creating commercial markets in African countries.
- **Lifesaving drugs:** Artemisinin-based combination therapies (ACTs) are the most effective drugs currently available for treating malaria. A three-day course cures malaria. PMI activities include purchasing ACT drugs; setting up management and logistics systems for their distribution through the public and private sectors; and training health care workers and community caregivers in their use.
- **Treatment for pregnant women (“intermittent preventive treatment,” or IPT):** Each year, more than 30 million African women living in malaria-endemic areas become pregnant and are at risk for malaria. IPT involves two to three doses of sulfadoxine-pyrimethamine (SP) administered to a pregnant woman through antenatal care services. The treatment protects pregnant women from possible death and anemia and also prevents malaria-related low birthweight in infants, which is responsible for between 100,000 and 200,000 infant deaths annually in Africa. PMI activities include purchasing SP, training health care workers in administering the drug, and providing information about IPT to pregnant women.

Target Countries

- 2006: Angola, Tanzania, and Uganda
- 2007: Malawi, Mozambique, Rwanda, and Senegal
- 2008: Eight additional countries to be added

Results

Less than one year after it began, PMI is demonstrating results:

- **Uganda:** To address the alarming rates of malaria mortality in internally displaced person (IDP) camps in northern Uganda, PMI began distribution of long-lasting insecticide-treated nets (LLINs), free of charge, to children and pregnant women. By the end of March 2006, PMI provided approximately 219,000 LLINs through house-to-house distribution methods and through antenatal care clinics, benefiting approximately 300,000 people. In addition, PMI procured 298,000 pediatric doses of ACTs for free distribution to treatment sites in the camps beginning in May.
- **Tanzania:** Beginning in mid-December 2005, PMI distributed 130,000 free LLINs through local public clinics, more than doubling existing coverage rates of pregnant women and children under age five on Zanzibar and nearby Pemba Island. This distribution was accompanied by a communication campaign to educate the population on the proper use of the LLINs. In total, more than 200,000 people are covered by this campaign.
- **Angola:** Southern Angola is prone to periodic epidemics of malaria. PMI supported a spraying campaign in two southern provinces, including the training of 210 spray personnel. Spraying began in early December 2005 and provided coverage for 555,000 people by the end of March 2006.

¹ WHO publication: *Malaria and HIV/AIDS Interactions and Implications: Conclusions of a Technical Consultation*. 23–25 June 2004 (WHO/HIV/2004.8).

Upcoming Activities

In the coming months, PMI will conduct a series of high-impact activities:

Indoor residual spraying

- In June, PMI will support an IRS campaign in Kabale district in **Uganda** to provide coverage for about 500,000 people. PMI is currently training 373 sprayers and supervisors to implement the program.
- PMI will purchase insecticides and support an IRS campaign in August to cover the entire population of Zanzibar island in **Tanzania**, benefiting an estimated 1 million people. As part of the program, community campaigns will encourage people to open their homes to spray teams and also emphasize proper ITN use.

Insecticide-treated nets

- In June, PMI will support the re-treatment of 715,000 existing ITNs with insecticide in 19 districts in **Uganda**. The campaign will benefit more than 1.1 million people.
- In **Angola**, PMI will support the distribution of LLINs to children under age five and pregnant women as part of a combined nationwide measles vaccination/ITN distribution campaign. The July campaign will provide one ITN to each of about 130,000 pregnant women and 700,000 additional households (830,000 total ITNs), which translates to nationwide ITN coverage of approximately 30 percent of pregnant women and under-five children.
- In **Tanzania**, PMI will begin support of a large-scale program to provide ITNs to infants through routine immunization services.

Lifesaving drugs

- The initial shipment of PMI-funded ACTs for **Tanzania** (about 370,000 doses) is expected to arrive in August. PMI, in collaboration with partners, will support the training of Tanzanian health workers on the use of these ACTs and Global Fund-purchased ACTs, due to arrive in Tanzania in late 2006.
- The initial shipment of PMI-funded ACTs for **Angola** (about 450,000 doses) is expected to arrive in late summer.

Treatment for pregnant women

- With NGO support, PMI is expected to begin malaria-in-pregnancy activities in **Angola** in late summer.

JUNE 2006